## CONNECT AMERICA FUND RATE OF RETURN CARRIER ELIGIBLE RECOVERY DATA COLLECTION FORM at the STUDY AREA LEVEL

(20) Program Year: July 1, 2012 through June 30, 2013

(40) Contact Name: Person USAC should contact with question about this data: Karl Searle

(45) Contact Telephone Number: 435-622-5472 Ext:

(49) Contact EMail: Email of the person identified in Data Line (040) ksearle@stratanetworks.com

Submission Type (Check one): Original Projection

				Rule	51.917(c)(1)(ii)
				Order	para 892
		(010)	(015)		(050)
					(1)
Halding Common Name	Halding Comment ID	Charles Asses ID	Study Area Name	<b>CAF ICC Support Election</b>	2011 Interstate Switched Access Revenue
Holding Company Name	Holding Company ID	Study Area ID			Requirement
N/A	N/A	502287	UBTA-UBET/STRATA	Y	\$ 1022768.42

51.917(c)(1)(i)	51.917(c)(1)(iii)	calc
para 892	para 892	
	RATE-OF-RETURN (ROR) CARRIER	R REVENUE REQUIREMENT
(054)	(058)	
(2)	(3)	(4)=(1)+(2)+(3)
FY 2011 Intrastate Terminating Switched	FY 2011 Net Reciprocal Compensation	2011 ROR Carrier Base Period Revenue
Access Revenues	Revenue	
\$ 505464	\$ 368468.00	\$ 1896700.42

95%	\$ 1801865.00	\$ 526305.00	
ROR Carrier Baseline Adjustment Factor	ROR Carrier Revenue Requirement	Interstate Switched Access Revenues	
(5)	(6)=(4)*(5)	(7)	
(060)		(070)	
para 894	para 892	para 898	
51.917(b)(2)	calc	51.917(d)(1)(i)(2)	

51.917(d)(1)(i)(1)	51.917(d)(1)(i)(3)	51.917(d)(1)(iii)(4)	calc	
para 898				
REVENUES FROM REFORMED INT	ERCARRIER COMPENSATION (ICC) RATES			
(074)		(078)		
(8)	(9)	(10)	(11)=(7)+(8)+(9)	(12)
Transitional Intrastate Access Service	<b>Net Transitional Reciprocal Compensation</b>	(Reserved for future use)	<b>Total ICC Revenue</b>	<b>TRS Increment</b>
Revenues	Revenues			
\$ 253402.00	\$ 0.00		\$ 779708.00	

Eligible Recovery			
(13)	(14)	(15)	(16)
Regulatory-Fees Increment	NANPA Increment	<b>State Terminating Access Support revenue</b>	<b>Interstate Local Switching Support for Price</b>
		to be received	Cap Affiliates
			\$ 0.00

calc	calc	calc
		REVENUES FROM ACCESS
(17)=[(6)-(11)]+(12)+(13)+(14)-(15)-(16)	(18)	(19)
Eligible Recovery	Residential ARC Annual Revenues	<b>Single-Line Business ARC Annual Revenues</b>
\$ 1022157.00	\$55,164.00	\$1,650.00

calc	calc	51.917(f)(2)
	para 899	
RECOVERY CHARGES		
(20)	(21)=(18)+(19)+(20)	(22)=(17)-(21)
<b>Multi-Line Business ARC Annual Revenues</b>	TOTAL ARC ANNUAL REVENUES	ICC-REPLACEMENT CONNECT AMERICA
		FUND (CAF) SUPPORT
\$63,168.00	\$119,982.00	\$902,175.00

# CONNECT AMERICA FUND RATE OF RETURN CARRIER ELIGIBLE RECOVERY DATA COLLECTION FORM at the EXCHANGE LEVEL

<b>Holding Company Name</b>	<b>Holding Company ID</b>	Study Area ID	<b>Exchange Name</b>	Zone Name
		502287	Altamont	
		502287	Duchesne	
		502287	Flat Top	
		502287	Fruitland	
		502287	LaPoint	
		502287	Neola	
		502287	Randlett	
		502287	Roosevelt	
		502287	Tabiona	
		502287	Vernal	
		502287	Summary	

Rule	51.917(e)(6)(i)	calc
Order		
(080)	(081)	
(1)	(2)	(3)=(1)*(2)*12
Residential Lines excluding Lifelines	Residential ARC Charge	Residential ARC Revenue
631	\$0.27	\$2,044.00
455	\$0.50	\$2,730.00
264	\$0.27	\$855.00
196	\$0.27	\$635.00
307	\$0.27	\$994.00
471	\$0.27	\$1,526.00
124	\$0.27	\$401.00
2293	\$0.50	\$13,758.00
198	\$0.27	\$641.00
5263	\$0.50	\$31,578.00
10202		\$55,162.00

	51.917(e)(6)(i)	calc			
REVENUES FROM ACCESS	REVENUES FROM ACCESS RECOVERY CHARGES				
(082)	(083)		(084)		
(4)	(5)	(6)=(4)*(5)*12	(7)		
Single-Line Business (SLB) Lines	SLB ARC	SLB ARC Revenue	Multi-Line Business (SLB) Lines		
275			5264		
275			5264		
275			5264		
275			5264		
275			5264		
275			5264		
275			5264		
275			5264		
275			5264		
275			5264		
275	\$0.50	\$1,650.00	5264		

51.917(e)(6)(ii)	calc	calc
		para 899
(085)		
(8)	(9)=(7)*(8)*12	(10)=(3)+(6)+(9)
MLB ARC	MLB ARC Revenue	<b>Total ARC Revenue</b>
¢1.00	AC2 100 00	#110 000 00
\$1.00	\$63,168.00	\$119,980.00

#### TO BE COMPLETED BY THE REPORTING CARRIER.

## Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: UBTA-UBET/STRATA

Karl Searle

Digitally signed by Karl Searle DN:cn=Karl
Searle,email=ksearle@stratanetworks.com,O=ubta-ubet/s
trata l=Pocsevelt LIT 84066 Date;5/23/2012

Date:

5/23/2

trata,I=Roosevelt UT 84066, Date:5/23/2012
Signature of Authorized Officer:

Printed name of Authorized Officer: Karl Searle

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 435-622-5472

Study Area Code of Reporting Carrier

502287

Filing Due Date for this form (mm/dd/yyyy)

6/18/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

#### TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: UBTA-UBET/STRATA

**Karl Searle** 

Digitally signed by Karl Searle DN:cn=Karl Searle,email=ksearle@stratanetworks.com,O=ubta-ubet/str ata,I=Roosevelt UT 84066, Date:5/23/2012

Date:

5/23/201

signature of Authorized Officer or employee:

Printed name of Authorized Officer or employee: Karl Searle

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 435-622-5472

Study Area Code of Reporting Carrier 502287 Filing Due Date for this form (mm/dd/yyyy) 6/18/2012

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#### TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier: UBTA-UBET/STRATA

**Karl Searle** 

Digitally signed by Karl Searle DN:cn=Karl Searle,email=ksearle@stratanetworks.com,O=ubta-ubet/str ata,l=Roosevelt UT 84066, Date:5/23/2012

Signature of Authorized Officer or employee:

Date: 5/23/2

Printed name of Authorized Officer or employee: Karl Searle

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 435-622-5472

Study Area Code of Reporting Carrier

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Filing Due Date for this form (mm/dd/yyyy)

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